

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
3	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03			Preferred value is 00
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information					
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01			Preferred value is 00
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID					TennCare's ID 626001445TC.
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
10	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID					This value will be the Sender Trading Partner ID.
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			This is the date when the file/batch is created by TCMIS.
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number					Same as IEA02
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			
18	ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator					
19	GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		HB			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code					Same as ISA08
22	GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number					
25	GS07	R	1	2	ID	R	1		FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R	1		FUNCTIONAL GROUP HEADER			Version/Release/Industry ID Code		004010X092A1			
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		271		271	Value being auto plugged by translation map

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number			Must be identical to SE02 value		
29	BHT01	R	4	4	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Hierarchical Structure Code		0022		0022	Value being auto plugged by translation map
30	BHT02	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		11		11	Value being auto plugged by translation map
31	BHT03	S	1	30	AN	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Reference Identification	Submitter Transaction Identifier		Required to be used ONLY if transaction is processed in real time -- do not use for batch transactions. Must be returned in a real-time 271 transaction if one is submitted in 270		
32	HL03	R	1	2	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Level Code		20	20 = Information Source	20	Value being auto plugged by translation map
33	HL04	R	1	1	ID	R	1	2000A	INFORMATION SOURCE LEVEL	>1		Hierarchical Child Code		0,1		1	Value being auto plugged by translation map
34	NM101	R	2	3	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Identifier Code		2B, 36, GP, P5, PR	2B=3rd party admin; 36=Employer; GP=Gateway provider; P5=Plan Sponsor; PR=Payer	P5	
35	NM102	R	1	1	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Entity Type Qualifier		1, 2	1=person; 2=non-person entity	2	
36	NM103	S	1	35	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Name Last or Organization Name	Information Source Last or Organization Name			TennCare	
37	NM108	R	1	2	ID	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code Qualifier		24, 46, FI, NI, PI, SV, XX		FI	
38	NM109	R	2	80	AN	R	1	2100A	INFORMATION SOURCE NAME	1		Identification Code	Information Source Primary Identifier			62-6001445	TennCare's Tax ID
39	HL03	R	1	2	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Level Code		21	21=Information Receiver.	21	Value being auto plugged by translation map
40	HL04	R	1	1	ID	S	1	2000B	INFORMATION RECEIVER LEVEL	>1		Hierarchical Child Code		0, 1	0=no subordinate levels; 1=subordinate levels exist.	1	Value being auto plugged by translation map
41	NM101	R	2	3	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Identifier Code		1P, 2B, 36, 80, FA, GP, P5, PR		PR	
42	NM102	R	1	1	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Entity Type Qualifier		1, 2		2	
43	NM103	S	1	35	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Name Last or Organization Name	Information Receiver Last or Organization Name				MCC Name
44	NM108	R	1	2	ID	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code Qualifier		24, 34, FI, PI, PP, SV, XV, XX		FI	
45	NM109	R	2	80	AN	R	1	2100B	INFORMATION RECEIVER NAME	1		Identification Code	Information Receiver Identification Number		Qualified by NM108		MCC Tax ID
46	NM101	R	2	3	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Identifier Code		IL	IL=Insured or Subscriber	IL	Autoplugged
47	NM102	R	1	1	ID	R	1	2100C	SUBSCRIBER NAME	1		Entity Type Qualifier		1	1=Person	1	Autoplugged
48	NM103	S	1	35	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name		Required unless a rejection response is generated and this element was not valued in the request.		
49	NM104	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name First	Subscriber First Name		Required unless a rejection response is generated and this element was not valued in the request.		
50	NM105	S	1	25	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Middle	Subscriber Middle Name		Required if this is available from the Information Source's database unless a rejection response is generated and this element was not valued in the request.		
51	NM107	S	1	10	AN	R	1	2100C	SUBSCRIBER NAME	1		Name Suffix	Subscriber Name Suffix		Use if available		

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1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
52	NM108	S	1	2	ID	R	1	2100C	SUBSCRIBER NAME	1		Identification Code Qualifier		MI	MI = Member Identification Number. When the HIPAA Individual Identifier has been adopted, then the only valid value will be 'ZZ'. Required unless a rejection response is generated and this element was not valued in the request.	MI	Autoplugged
53	NM109	S	2	80	AN	R	1	2100C	SUBSCRIBER NAME	1		Identification Code	Subscriber Primary Identifier		Required unless a rejection response is generated and this element was not valued in the request.		Subscriber's SSN
54	2100C: Rep 1																Loop 2110C: Rep 1 (Family Limit Current Year)
55	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
56	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						FAM	
57	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						60	
58	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
59	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				FAMILY LIMIT CURRENT YEAR	Value being auto plugged by translation map.
60	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
61	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	99	
62	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0.00 or greater
63	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
64	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
65	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
66	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
67	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
68	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
69	2100C: Rep 2																Loop 2110C: Rep 2 (Family Limit Prior Year)
70	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
71	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						FAM	
72	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						60	
73	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
74	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					FAMILY LIMIT PRIOR YEAR
75	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
76	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	99	
77	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0.00 or greater

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
78	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
79	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
80	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
81	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
82	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
83	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
84	2110C: Rep 3																Loop 2110C: Rep 3 (Individual Limit Current Year)
85	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'. Value being auto plugged by translation map.
86	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
87	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						60	
88	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
89	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				INDIVIDUAL LIMIT - CURRENT YEAR	Value being auto plugged by translation map.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
90	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
91	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	99	
92	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0.00 or greater
93	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
94	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
95	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
96	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
97	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
98	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
99	2110C: Rep 4																Loop 2110C: Rep 4 (Individual Limit Prior Year)
100	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
101	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
102	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						60	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
103	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
104	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				INDIVIDUAL LIMIT - PRIOR YEAR	
105	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
106	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	99	
107	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0.00 or greater
108	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
109	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
110	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
111	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
112	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
113	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
114	2110C: Rep 5																Loop 2110C: Rep 5 (Substance Abuse 10 Day Limit Current Year)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
115	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
116	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
117	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AI	
118	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
119	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				SUBSTANCE ABUSE 10 DAY LIMIT - CURRENT YEAR	
120	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
121	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Value 'DY' indicates 'days'.
122	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
123	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start. Value being auto plugged by translation map.
124	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
125	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
126	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
127	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
128	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
129	2110C: Rep 6																Loop 2110C: Rep 6 (Substance Abuse 10 Day Limit Prior Year)
130	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'. Value being auto plugged by translation map.
131	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
132	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AI	
133	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
134	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				SUBSTANCE ABUSE 10 DAY LIMIT - PRIOR YEAR	
135	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
136	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	Value 'DY' indicates 'days'.
137	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
138	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
139	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
140	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
141	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
142	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
143	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
144	2110C: Rep 7																Loop 2110C: Rep 7 (Substance Abuse Lifetime Limit)
145	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
146	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
147	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AI	
148	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
149	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				SUBSTANCE ABUSE LIFETIME LIMIT	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
150	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		32	
151	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	LA	Value 'LA' indicates 'lifetime'.
152	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
153	2110C: Rep 8																Loop 2110C: Rep 8 (Pharmacy Payout Current Month)
154	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
155	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
156	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						88	
157	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
158	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				PHARMACY PAYOUT LIMIT	
159	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		34	
160	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	99	
161	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0.00 or greater
162	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
163	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
164	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				First day of current month based upon 834 File Effective Date
165	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment <del>and see 2110C</del>	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
166	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
167	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
168	<b>2110C: Rep 9</b>																<b>Loop 2110C: Rep 9 (Home Health Limit Current Year)</b>
169	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
170	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
171	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						44	
172	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
173	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				HOME HEALTH LIMIT - CURRENT YEAR	
174	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
175	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	VS' indicates 'visits'.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
176	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
177	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
178	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
179	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
180	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
181	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
182	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
183	2110C: Rep 10																Loop 2110C: Rep 10 (Home Health Limit Prior Year)
184	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
185	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
186	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						44	
187	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
188	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				HOME HEALTH LIMIT - PRIOR YEAR	Value being auto plugged by translation map.
189	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
190	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	VS' indicates 'visits'.
191	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
192	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
193	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
194	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
195	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
196	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
197	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
198	2110C: Rep 11																Loop 2110C: Rep 11 (Speech Therapy Limit Current Year)
199	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
200	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
201	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AF	
202	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
203	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				SPEECH THERAPY LIMIT - CURRENT YEAR	
204	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
205	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
206	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
207	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
208	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
209	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
210	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
211	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
212	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
213	2110C: Rep 12																Loop 2110C: Rep 12 (Speech Therapy Limit Prior Year)
214	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
215	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
216	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AF	
217	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
218	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				SPEECH THERAPY LIMIT - PRIOR YEAR	Value being auto plugged by translation map.
219	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
220	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
221	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
222	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
223	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
224	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
225	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
226	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
227	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
228	2110C: Rep 13																Loop 2110C: Rep 13 (Occupational Therapy Limit Current Year)
229	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
230	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
231	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AD	
232	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
233	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				OCCUPATIONAL LIMIT - CURRENT YEAR	
234	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
235	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
236	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
237	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
238	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
239	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
240	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
241	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
242	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
243	2110C: Rep 14																Loop 2110C: Rep 14 (Occupational Therapy Limit Prior Year)
244	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
245	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
246	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AD	
247	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
248	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				OCCUPATIONAL LIMIT - PRIOR YEAR	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
249	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
250	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
251	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
252	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
253	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
254	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
255	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
256	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
257	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
258	2110C: Rep 15																Loop 2110C: Rep 15 (Physical Therapy Limit Current Year)
259	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
260	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
261	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AE	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
262	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
263	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				PHYSICAL THERAPY LIMIT - CURRENT YEAR	
264	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
265	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
266	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
267	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
268	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
269	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
270	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
271	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
272	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
273	2110C: Rep 16																Loop 2110C: Rep 16 (Physical Therapy Limit Prior Year)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
274	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
275	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
276	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						AE	
277	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
278	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				PHYSICAL THERAPY LIMIT - PRIOR YEAR	
279	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
280	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
281	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 or greater
282	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
283	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
284	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
285	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
286	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
287	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
288	2110C: Rep 17																Loop 2110C: Rep 17 (Psychiatric Limit Current Year)
289	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
290	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
291	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						A4	
292	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
293	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				PYSCHIATRIC LIMIT - CURRENT YEAR	
294	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
295	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	
296	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 - No current limit exists.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
297	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
298	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
299	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
300	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
301	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
302	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
303	2110C: Rep 18																Loop 2110C: Rep 18 (Psychiatric Limit Prior Year)
304	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
305	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
306	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						A4	
307	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
308	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				PYSCHIATRIC LIMIT - PRIOR YEAR	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
309	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
310	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	VS	
311	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 - No current limit exists.
312	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
313	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
314	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
315	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
316	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
317	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
318	2110C: Rep 19																Loop 2110C: Rep 19 (Inpatient Limit Current Year)
319	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
320	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
321	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						48	



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction															Tennessee Specific Values	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
322	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
323	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				INPATIENT LIMIT - CURRENT YEAR	
324	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
325	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
326	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 - No current limit exists.
327	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
328	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
329	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
330	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
331	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
332	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
333	2110C: Rep 20																Loop 2110C: Rep 20 (Inpatient Limit Prior Year)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
334	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
335	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
336	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						48	
337	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
338	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				INPATIENT LIMIT - PRIOR YEAR	
339	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
340	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
341	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 - No current limit exists.
342	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
343	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
344	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
345	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
346	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
347	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
348	2110C: Rep 21																Loop 2110C: Rep 21 (Psychiatric Inpatient Current Year)
349	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
350	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
351	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						A7	
352	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
353	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				PSYCHIATRIC INPATIENT LIMIT - CURRENT YEAR	
354	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
355	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
356	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 - No current limit exists.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
357	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if currBeginDate > 0. Value '193' indicates Period Start Value being auto plugged by translation map.
358	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currBeginDate > 0. Value being auto plugged by translation map.
359	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of current year based upon 834 File Effective Date
360	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if currEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
361	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if currEndDate > 0. Value being auto plugged by translation map.
362	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				834 File Effective Date
363	2110C: Rep 22																Loop 2110C: Rep 22 (Psychiatric Inpatient Prior Year)
364	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		F	Value 'F' indicates 'limitations'.
365	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
366	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						A7	
367	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
368	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				PSYCHIATRIC INPATIENT LIMIT - PRIOR YEAR	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
369	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		23	
370	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	DY	
371	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		0 - No current limit exists.
372	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	193	This value is set only if prevBeginDate > 0. Value '193' indicates Period Begin Value being auto plugged by translation map.
373	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevBeginDate > 0. Value being auto plugged by translation map.
374	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				January 1 of prior year based upon 834 File Effective Date
375	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2110C.	194	This value is set only if prevEndDate > 0. Value '194' indicates Period End Value being auto plugged by translation map.
376	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if prevEndDate > 0. Value being auto plugged by translation map.
377	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				December 31 of prior year based upon 834 File Effective Date
378	2110C: Rep 23																Loop 2110C: Rep 23 (Family Size)
379	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		CB	
380	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						FAM	
381	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						60	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
382	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
383	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Family Size	
384	EB09	S	2	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity Qualifier		99, CA, CE, DB, DY, HS, LA, LE, MN, P6, QA, S7, S8, VS, YY.	Use to identify the type of units that are being conveyed in EB10.	CA	Value 'CA' indicates 'Covered - Actual'. Value being auto plugged by translation map.
385	EB10	S	1	15	R	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Quantity	Benefit Quantity		Qualified by EB09		1 or greater
386	2100C: Rep 24																Loop 2110C: Rep 24 (Medicare Buy-in Premium)
387	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		D	
388	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
389	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						60	
390	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	OT is used since there can be a buy-in amount for both parts A and B. The amount represented in this loop is all buy-in amounts added together.
391	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Medicare Buy-In	
392	EB07	S	1	18	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1			Benefit Amount				0.00 or greater
393	REF01	R	2	3	ID	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Reference Identification Qualifier		18, 1L, 1W, 49, 6P, 9F, A6, F6, G1, IG, N6, NQ	Use 1L, 1W, 18, 49, 6P, A6, F6, IG, N6 AND NQ only in an EB loop with EB01=R.	9F	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
394	REF02	R	1	30	AN	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Reference Identification	Subscriber Eligibility or Benefit Identifier				Premium Payer Code
395	REF03	S	1	80	AN	S	9	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Description	Plan Sponsor Name				"Premium Payer Code"
396	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment <del>and see 2110C</del>	348	This value is set only if buyInEffectiveDate > 0. Value '348' indicates Benefit Begin Value being auto plugged by translation map.
397	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if buyInEffectiveDate > 0. Value being auto plugged by translation map.
398	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				Buy-in Premium Effective Date
399	2110C: Rep 25																Loop 2110C: Rep 25 (Spend Down Amount)
400	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		Y	
401	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						IND	
402	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1						30	
403	EB04	S	1	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Insurance Type Code		12-16, 41-43, 47, AP, C1, CO, CP, D, DB, EP, FF, GP, HM, HN, HS, IN, IP, LC, LD, LI, LT, MA-MC, MH, MI, MP, OT, PE, PL, PP, PR, PS, QM, RP, SP, TF, WC, WU	This information qualifies type of policy within insurance program defined in EB03.	OT	
404	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description					Spend Down Amount
405	EB06	S	1	2	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Time Period Qualifier		6, 7, 13, 21 - 36		36	
406	EB07	S	1	18	ID	S	10	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1			Benefit Amount				0.00 or greater

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
407	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	198	This value is set only if spenddownBeginDate > 0. Value '198' indicates completion.
408	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8	This value is set only if eligBeginDate > 0. Value being auto plugged by translation map.
409	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				Spend down completion date
410	2110C: Rep 26																Loop 2110C: Rep 26 (Lock-in)
411	EB01	R	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Eligibility or Benefit Information		1-8, A-C, CB, D-M, MC, N-Y		N	This value is set only if lockinServiceTypeCode is not blank. Value 'N' indicates 'services limited to following provider'
412	EB02	S	3	3	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Coverage Level Code	Benefit Coverage Level Code	CHD, DEP, ECH, EMP, ESP, FAM, IND, SPC, SPO	Identifies who in family is covered. Use if available.	IND	This value is set only if lockinServiceTypeCode is not blank. Value 'IND' indicates 'individual'.
413	EB03	S	1	2	ID	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Service Type Code		1-28, 30, 32-99, A0-A9, AA-AO, AQ-AR, BA-BN, BP-B5			
414	EB05	S	1	50	AN	S	1	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Plan Coverage Description				Lockin	This value set if lockinServiceTypeCode is not blank. Value being auto plugged by translation map.
415	DTP01	R	3	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date/Time Qualifier	Date Time Qualifier	193, 194, 198, 290, 292, 295, 304, 307, 318, 348, 349, 356, 357, 435, 472, 636	Used to convey dates associated with the information contained in the corresponding EB loop. When using codes 307, 435, 472 at this level it is implied that these dates apply only to the EB loop that it is located in. If there is a need to supply a global date it must be provided within the DTP segment in Loop 2100C.	307	This value is set only if lockinBeginDate > 0. Value '307' indicates 'eligibility'. Value being auto plugged by translation map.
416	DTP02	R	2	3	ID	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period Format Qualifier		D8, RD8	D8=CCYYMMDD RD8=range of dates in format CCYYMMDD-CCYYMMDD	D8, RD8	This value is set only if lockinBeginDate > 0. D8 is used if no end date is provided.
417	DTP03	R	1	35	AN	S	20	2110C	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	>1		Date Time Period	Eligibility or Benefit Date Time Period				This value is set only if lockinBeginDate > 0.
418	LS01	R	1	6	AN	S	1					Loop Identifier Code		2120	Identifies the beginning of the Benefit Related Entity Name loop. Because the subscriber name loop and this loop both begin with NM1 segments, the LS and LE segments are used to differentiate these two loops. Required if 2120C is used.	2120	This value set if lockinProviderLastName string length > 1. Value being auto plugged by translation map.
419	NM101	R	2	3	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Entity Identifier Code		13, 1P, 2B, 36, 73, FA, GP, IL, LR, P3, P4, P5, PR, PRP, SEP, TTP, VN, X3		13	This value is set only if lockinProviderNameType is not blank. Value being auto plugged by translation map.



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	<b>271 Unsolicited Eligibility Response Companion File Always Couple With A TennCare 834 Transaction</b>															<b>Tennessee Specific Values</b>	
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Comp Seq ID</b>	<b>DED Name</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>	<b>HIPAA Notes</b>	<b>TN Valid Values</b>	<b>TN Notes</b>
420	NM102	R	1	1	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Entity Type Qualifier		1, 2	1=person 2=non-person entity	1, 2	
421	NM103	S	1	35	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Name Last or Organization Name	Benefit Related Entity Last or Organization Name				
422	NM104	S	1	25	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Name First	Benefit Related Entity First Name		Use only if available and NM102=1		will be blank if lockin provider is not a person entity (ie NM102 = '2')
423	NM105	S	1	25	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Name Middle	Benefit Related Entity Middle Name		Use only if available and NM102=1		will be blank if lockin provider is not a person entity (ie NM102 = '2')
424	NM108	S	1	2	ID	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code Qualifier		24, 34, 46, FA, FI, MI, NI, PI, PP, SV, XV, XX, ZZ		34, FI	34 for SSN or FI for tax ID
425	NM109	S	2	80	AN	S	1	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Identification Code	Benefit Related Entity Identifier				
426	PER01	R	2	2	ID	S	3	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Contact Function Code		IC	If segment is used, at a minimum either PER02 must be used or PER03 and PER04 must be used. It is recommend that at least PER02, PER03 and PER04 are sent if this segment is used	IC	This value is set only if lockinProviderPhone is not blank. Value being auto plugged by translation map.
427	PER03	S	2	2	ID	S	3	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Communication Number Qualifier		ED, EM, FX, TE, WP	ED=EDI Access Number; EM=email; FX=fax; TE=telephone; WP=work phone	TE	This value is set only if lockinProviderPhone is not blank. Value being auto plugged by translation map.
428	PER04	S	1	80	AN	S	3	2120C	SUBSCRIBER BENEFIT RELATED ENTITY NAME	1		Communication Number	Benefit Related Entity Communication Number		Format AAABBBCCCC. If extension sent, should be immediately following telephone number.		Format AAABBBCCCC
429	LE01	R	1	6	AN	S	1					Loop Identifier Code		2120	Contains same value as in LS01 of the LS segment		Translation map sets value to same as LS01.
430	SE02	R	4	9	AN	R	1		TRANSACTION SET TRAILER	1		Transaction Set Control Number			Must be identical to the one in SE02		
431	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
432	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	
433	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
434	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	